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**BOARD OF HEALTH**

**299 Bay Rd.**

 **S. Hamilton, MA 01982**

**Tel: 978-626-5245 Fax: 978-468-5582**

**Chapter VIII.**

**Application For License To Erect, Occupy, Or Use A Coop As A Facility**

Location of Facility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Address of Owner (if different from Applicant) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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The facility is for the keeping of what type and number of animal(s)?

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Explain manure storage, processing, and/or removal. Will it be used on-site, moved off-site, or both? Where on-site will these activities occur? Describe storage containers and frequency of removal.

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What is the source (public or private) and location of the water supply (pipe or well) for the facility?

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**For original license applications,** complete a sketch of where the coop is located on property.

Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application Fees: (original) $40.00 Licenses expire September 1st and must be renewed annually**.

 **(renewal) $15.00**

**Note: Under MGL 131 Sec. 40 The Wetland Protection Act, any activity closer than 100’ to a wetland (as defined in the Act) requires you to file with the Hamilton Conservation Commission.**

**Any construction, remodeling, alteration, etc. under 780 CMR: The Massachusetts State Building Code requires you to obtain a building permit prior to construction.**

**A Variance or Special Permit from the ZBA may be required.**

For Office Use: Permit #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Issue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_